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CONFIRMATION NO. 3649

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/252,536 02/18/1999 ABN which is a CON of 09/107,834 06/30/1998 ABN which is a CON of 08/570,766 12/12/1995 PAT 5,772,680 which is a CIP of 08/403,012 03/10/1995 PAT 5,540,711 which is a CIP of 08/388,233 02/13/1995 PAT 5,730,756 which is a CIP of 08/267,488 06/29/1994 PAT 5,607,443 which is a CIP of 08/124,283 09/20/1993 PAT 5,836,961 which is a CIP of 08/073,737 06/08/1993 ABN which is a DIV of 07/893,988 06/02/1992 PAT 6,312,442

*Con*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/17/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 42	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

## ADDRESS

50855

## TITLE

APPARATUS AND METHOD FOR DISSECTING TISSUE LAYERS

<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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